



**CHILD AND YOUTH PROGRAMS
CENTRAL REGISTRY FORM
Naval Station Great Lakes**

CHILD'S NAME: _____ BIRTH DATE: _____

SPONSOR NAME: _____ SPONSOR RANK: _____

DATE CARE IS NEEDED: _____

SPONSOR STATUS:

SINGLE PARENT _____ DUAL MILITARY _____ MARRIED, ONLY _____ DOD CIVILIAN _____
ACTIVE DUTY: _____ ACTIVE DUTY: _____ SPONSOR ACTIVE DUTY: _____ EMPLOYEES _____

<u>DATE VERIFIED</u>	<u>PHONE LOG SIGNATURE</u>	<u>CDC STAFF</u>
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

WAITING LIST POLICY

Upon completion of the Waiting List application forms, your child is placed on **Tier 1; the Projected Demand List** based on the date care is needed. You will then be moved to **Tier 2, the Excess Demand List** based on Sponsor priority, date care is needed and child's age. Order of priority is the following: **SINGLE Active Duty** Parents & **DUAL Active Duty** Parent, **REGULAR** (Married Parents with one Active Duty Member), **Reservist in Training** and **DoD Civilian Employees**. Movement to **Tier 3, the Preferred Care List** is only after viable care has been offered in one of our Child Development Programs (Child Development Home, Child Development Center or School Age Care program). If care offered is not parental choice or Preferred Care, child will be moved to the Preferred Care List and placed when care becomes available. (Note: Sponsor Priority does not apply in Tier 3).

Children may be placed on the list prior to birth, but the application **MUST** be accompanied by proof of pregnancy (i.e. – Tri-care /Champus Non-Availability Form or copy of positive test results from doctor). Application without proof of pregnancy **WILL NOT be accepted.**

Active Duty Members with orders to Naval Station Great Lakes are eligible for placement on the Waiting List. A copy of the sponsor's orders must accompany the Waiting List application. Applications without a copy of the sponsor's orders **WILL NOT** be accepted.

A parent is **REQUIRED** to call **847-688-3100** or come into the Child & Youth Placement Office every two months to update their Waiting List application. Failure to update your Waiting List application will result in removal from the Waiting List. If your child is removed from the list for failure to update, you must reapply and your child will be placed on the bottom of the appropriate list. There will be **NO EXCEPTIONS** to this policy.

PARENT'S SIGNATURE _____ DATE: _____

CHILD AND YOUTH INTAKE (Cont'd)

SPONSOR NAME _____ **SPOUSE** _____

Sponsor's relationship to the child(ren) needing care _____

SPONSOR COMMAND _____ **SPOUSE EMPLOYER** _____

SPONSOR WK# _____ **SPOUSE WK #** _____

PREFERRED LOCATION OF CHILD CARE:

- _____ near home (address if different from above _____)
- _____ near work (address _____)
- _____ near school (address _____)
- _____ Name of Provider _____)
- _____ None

TYPE OF CARE: _____ Center _____ Child Dev. Home _____ SAC

SCHEDULE NEEDED: _____ Full-time _____ Part-time _____ Drop-in _____ Nights/Weekends

DAYS: S M T W T F S **HOURS:** _____ TO _____

SPECIAL CONCERNS (example: nonsmoking, no pets, planned activities, health needs, transportation): _____

CURRENT CHILD CARE ARRANGEMENTS:

- _____ center (military _____ or civilian _____)
- _____ child development home (military _____ or civilian _____)
- _____ in your home
- _____ school age program (military _____ or civilian _____)
- _____ other (specify _____)
- _____ none

HOW DID YOU LEARN ABOUT CHILD & YOUTH PLACEMENT?

- _____ friend/co-worker
- _____ command/work
- _____ ombudsman
- _____ flyer/brochure
- _____ relocation office/welcome aboard pkt.
- _____ other (specify _____)

WHY ARE YOU LOOKING FOR CHILD CARE? (CHECK ALL THAT APPLY)

- _____ parent(s) employed/seeking employment
- _____ parent(s) in school/training
- _____ extended work hours
- _____ special needs of child
- _____ dissatisfied with current provider
- _____ no provider

DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM REQUEST FOR CARE RECORD

PRIVACY ACT STATEMENT				ROUTINE USE(S): None.	
AUTHORITY: PL 101-89 Sec. 1507; eo 9397. PRINCIPAL PURPOSE(S): To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.				DISCLOSURE: Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists	
1. DATE OF REQUEST (YYYYMMDD)			2. EXPIRATION DATE (YYYYMMDD)		
3. FAMILY INFORMATION					
a. SPONSOR'S NAME (Last, First, Middle Initial)			b. SPOUSE'S NAME (Last, First, Middle Initial)		
c. CHILD'S NAME (Last, First, Middle Initial)			d. CHILD'S DATE OF BIRTH (YYYYMMDD)		e. AGE
f. HOME ADDRESS (Street, City, State, Zip Code)			g. SPONSOR'S BRANCH OF SERVICE		
			h. DUTY ORGANIZATION		
i. HOME TELEPHONE NUMBER (Include Area Code)			j. DUTY TELEPHONE NUMBER (Include Area Code)		
k. SIBLING CARE (complete a separate from and list name and date of birth for each child requiring care)					
(1) NAME (Last, First, Middle Initial)		(2) DATE OF BIRTH (YYYYMMDD)		(1) NAME (Last, First, Middle Initial)	
				(2) DATE OF BIRTH (YYYYMMDD)	
4. PROGRAM(S) (type <i>X</i> as applicable)				5. AGE GROUP (<i>X</i> one)	
a. FULL-DAY CARE		e. FAMILY DAY CARE (FDC)		a. INFANTS (0 – 12 months)	
b. PART-DAY CARE		f. PART-DAY ENRICHMENT		b. TODDLERS (13 – 35 months)	
c. SCHOOL-AGE		g. DAY CAMP		c. PRESCHOOL (3 – 5 years)	
d. SPECIAL NEEDS				d. SCHOOL AGE (5 + years)	
6. SPONSOR STATUS (<i>X</i> one)					
a. SINGLE MILITARY		e. SINGLE DOD CIVILIAN		i. MILITARY/UNEMPLOYED SPOUSE	
b. DUAL MILITARY		f. RETIRED MILITARY		j. MILITARY/OTHER THAN DOD SPOUSE	
c. MILITARY/DOD SPOUSE		g. MILITARY RESERVE		k. OTHER (Specify)	
d. DUAL DOD CIVILIANS		h. NATIONAL GUARD			
7. PRESENT CHILD CARE ARRANGEMENTS (<i>X</i> one)					
a. FDC ON-INSTALLATION		d. CIVILIAN CDC		g. MILITARY/UNEMPLOYED SPOUSE	
b. FDC OFF-INSTALLATION		e. MILITARY ALTERNATE CARE		h. MILITARY/OTHER THAN DOD SPOUSE	
e. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)		f. NON-MILITARY ALTERNATE CARE		i. OTHER (Specify)	
8. GENERAL INFORMATION (<i>X</i> one)					
YES	NO	a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost)		YES	NO
		b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?		d. CURRENT COST OF CARE PER WEEK (If child is currently in care)	
9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)					
	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED (YYYYMMDD)					
b. DECLINED/ PLACED)					
c. COMMENTS / INITIALS					
d. PLACEMEN T TIME (In months)					



NAVAL STATION GREAT LAKES
INFORMATION FOR PLACEMENT

Child's Name: _____ Birth Date: _____ - _____ - _____
MM DD YR

Please answer the following questions. Be specific if they apply to your child.

Does your child have any Allergies to:

Food: _____
(Please list TYPE of Food)

Drug Allergies: _____
(Please list medications)

Insect, Environmental or Other Allergies: _____
(Please list condition/type)

Please answer the following: (Please check all that apply):

_____	_____ Does your child have Asthma?
YES	NO
_____	_____ Does your child have Diabetes?
YES	NO
_____	_____ Is your child sun sensitive/ or have eczema?
YES	NO
_____	_____ Is your child ADD, ADHD or LD?
YES	NO
_____	_____ Does your child have Seizures, Fits or Shaking Spells?
YES	NO
_____	_____ Does your child have Speech, Hearing or Sight Limitations, tubes in ears?
YES	NO
_____	_____ Does your child suffer from headaches or stomach aches?
YES	NO
_____	_____ Does your child receive therapy or have any special needs?
YES	NO

PHYSICAL CONDITIONS: Please note any conditions, which affect your child and any symptoms to help us identify possible problems. Also please list any past (or current) medical problems that your child has had (or has) that we should be aware of:

If your child is over 12 months old, please answer the following questions:

- Is your child walking well enough to be placed with others who are walking? _____ yes _____ no
- Does your child talk? _____ yes _____ no
- Can your child use the restroom without assistance? _____ yes _____ no
- Please provide other information concerning your child's development that will assist us in placing him/her. _____

(Parent/Legal Guardian Signature) Date